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Feb 16, 1999 8:00am

Secretary of State

02-16-1999 90020 015 \*\*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N29779

1. Corporation Name

FLORIDA SUN CATS, INC.

Principal Place of Business

% SUE VICKERMAN  
1015 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS FL 32043

Mailing Address

% SUE VICKERMAN  
1015 ARTHUR MOORE DRIVE  
GREEN COVE SPRINGS FL 32043



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/19/1988

4. FEI Number

65-0060040

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

REARK, BARBARA  
5805 AVENUE E  
BOX 624  
MCINTOSH FL 32664

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE S ☐ DELETE

NAME JONES, SUSAN  
STREET ADDRESS 507- NW 39TH ROAD  
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE P ☐ DELETE

NAME HANSEN, SUZANNE  
STREET ADDRESS 11627 Tanager DR  
CITY-ST-ZIP JACKSONVILLE FL 32225

TITLE VP ☐ DELETE

NAME BRYAN, JOYCE  
STREET ADDRESS 4774 LEOPARD CIRCLE  
CITY-ST-ZIP MIDDLEBURG FL 32068

TITLE TD ☐ DELETE

NAME REARK, BARBARA  
STREET ADDRESS 5805 AVE E  
CITY-ST-ZIP MCINTOSH FL

TITLE AT ☐ DELETE

NAME VICKERMAN, RAY  
STREET ADDRESS 1015 ARTHUR MOORE DRIVE  
CITY-ST-ZIP GREENCOVE SPRINGS FL 32043

TITLE ☐ DELETE

NAME  
STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ray Vickerman* SIGNATURE REQUIRED VICKERMAN 1-20-99 904 282-7232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)